

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213546433		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Jefferson Scholars Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 05077813</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P.O. BOX 400891</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22904-4891</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES H. WRIGHT TITLE: PRESIDENT ADDRESS: P.O. BOX 400891 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904-4891 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES H. WRIGHT TITLE: PRESIDENT ADDRESS: P.O. BOX 400891 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904-4891	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES H. WRIGHT TITLE: PRESIDENT ADDRESS: P.O. BOX 400891 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904-4891	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CLIFFORD W. BOGUE TITLE: DIRECTOR ADDRESS: 70 PEPPERBUSH LANE CITY/ST/ZIP/CO: GUILFORD, CT 06437-1719 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CLIFFORD W. BOGUE TITLE: DIRECTOR ADDRESS: 70 PEPPERBUSH LANE CITY/ST/ZIP/CO: GUILFORD, CT 06437-1719	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	G. MOFFETT COCHRAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1330 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	38TH FLOOR NEW YORK, NY 10019		
NAME:	HUNTER E. CRAIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 ARLINGTON BLVD, SUITE A		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903-1520		
NAME:	STEPHEN S. CRAWFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	90 PARK AVENUE, 4TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, VA 10016		
NAME:	CLAIBORNE P. DEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 NORTH JEFFERSON STREET		
CITY/ST/ZIP/CO:	P.O. BOX 1009 EL DORADO, AR 71731		
NAME:	GERTRUDE J. FRASER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 400308		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22904-4308		
NAME:	PETER M. GRANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400A WATER STREET		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	MARILYN BARTLETT HEBENSTREIT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5828 PEMBROOKE COURT		
CITY/ST/ZIP/CO:	MISSION HILLS, KS 66208-1148		
NAME:	LANDON HILLIARD, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	140 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	DEBORAH R. HIRTLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	140 BROOKE FARM ROAD		
CITY/ST/ZIP/CO:	SAINT DAVIDS, PA 19087-4755		
NAME:	SEALY H. HOPKINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1654 MOORES HILL ROAD		
CITY/ST/ZIP/CO:	LAUREL HOLLOW, NY 11791-9641		
NAME:	ROBIN ROBINSON HOWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3656 TUXEDO ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30305		

NAME:	RICHARD C. KELLOGG, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2001 KIRBY DRIVE, SUITE 500		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		
NAME:	GREGORY A. MCCRICKARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 EAST PRATT STREET		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	JOHN D. MILTON, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 WEST FORSYTH STREET, 7TH FLOOR		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	MARK A. VICTOR PINHO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	888 SEVENTH AVENUE, 33RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10106		
NAME:	WILLIAM L. POLK, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 ST. ANDREWS DRIVE		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63124-1622		
NAME:	COOLIDGE E. RHODES, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9015 BAYVIEW COVE DRIVE		
CITY/ST/ZIP/CO:	HOUSTON, TX 77054		
NAME:	HAROLD J. RODRIGUEZ, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 PARK AVENUE, 23RD FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	JAMES E. RUTROUGH, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2651 PALMER DRIVE		
CITY/ST/ZIP/CO:	KESWICK, VA 22947		
NAME:	TODD R. SCHNUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11420 LACKLAND ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63146		
NAME:	STEPHEN P. SMILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2602 MCKINNEY AVENUE, SUITE 400		
CITY/ST/ZIP/CO:	DALLAS, TX 75204		
NAME:	LAVINIA H. TOUCHTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8081 WEST MERCER WAY		
CITY/ST/ZIP/CO:	MERCER ISLAND, WA 98040-5626		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES C. TOWNSEND, III DIRECTOR 4 RICHMOND SQUARE, SUITE 330 PROVIDENCE, RI 02906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID N. WEBB DIRECTOR 22 ELM PLACE, 3RD FLOOR RYE, NY 10580	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. HALSEY WISE DIRECTOR 320 FIRST STREET NORTH, SUITE 714 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL E. LUTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL E. LUTZ, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	10/4/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			